



**Division of Medical Services**  
**Office of Long Term Care**

<http://humanservices.arkansas.gov/dms/Pages/oltcHome.aspx>

PO Box 8059, Slot S409, Little Rock, AR 72203-8059  
501-682-8430 · Fax: 501-682-1197



**MEMORANDUM**

**LTC-A-2015-02**

**TO:** ☒ Nursing Facilities; ☒ ICFs/MR 16 Bed & Over; ☒ HDCs;  
☒ ICFs/MR Under 16 Beds; ☐ ALF Level I; ☐ ALF Level II;  
☐ RCFs; ☐ Adult Day Cares; ☐ Adult Day Health Cares;  
☐ Post-Acute Head Injury Facilities; ☒ Interested Parties;  
☒ DHS County Offices

**FROM:** Carol Shockley, Director, Office of Long Term Care

**DATE:** January 8, 2015

**RE:** Advisory Memorandum - Nursing Facility Licensure Renewal for 2015

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**Each long term care nursing facility is required by State law to submit a yearly license renewal application to the Office of Long Term Care** in accordance with Act 1238 of 1993 (Ark. Code Ann. 20-§ 20-10-224).

The DMS-726 (**R. 1/13**) Application for License to Conduct a Long Term Care Facility, the instructions for completion, the checklist, and the Director of Nurses form are available for download at the website listed below:

<http://humanservices.arkansas.gov/dms/Pages/oltcForms.aspx>. Once on the website, scroll down to DMS-726, then click on Nursing Homes.

The required **Form W-9** is available for download at:

<http://www.irs.gov>. Please use the Form W-9 that is available on the IRS website at the time of preparation of the license renewal application; otherwise the renewal will be delayed while OLTC requests and awaits receipt of the correct Form W-9.

**A 10 percent (10%) penalty** on the amount due will be assessed for each nursing facility if the renewal application **is not delivered before March 1, 2015 or if mailed, is not postmarked on or before March 1, 2015**. The fee submission is \$10.00 per licensed bed.

**A check made payable to Arkansas Department of Human Services** must be attached to each application. The **facility name** and **city** must be included on the check. **Note: The check will be returned if not made payable to Arkansas Department of Human Services.**

**NOTE:** Due to the DocuShare Scanning Program, please do not submit two-sided pages or legal-sized pages for the DMS-726 Form or other attachments. Thank you for your assistance with this request.

## **CRIMINAL RECORD CHECK**

As stated in the instructions and the Rules and Regulations for Conducting Criminal Record Checks for Employees of Long Term Care Facilities effective October 1, 1997 (and as revised), **all operators** (the person signing this renewal application) **must fulfill the requirements as set forth in Section 202 (1) and Section 400 respectively.**

If you are signing the license application as Operator, you must complete the State criminal record check process and the National Fingerprint Card process. If the criminal record check (CRC) process has not been completed on the Operator, or is more than five (5) years old, you must resubmit both CRC processes. If you have completed **only** the State CRC process, you must resubmit another State CRC and complete the National Fingerprint Card process. The check should be payable to the Arkansas State Police for \$25.00 for the State Record if you do not utilize the on-line system and a check for \$16.50 made payable the Arkansas State Police for the National check. If you need the **updated A.C.A. 20-38-101** National Fingerprint Card, please contact (501) 320-6273 or (501) 320-6194.

All documents submitted for Licensure must have the legal entity name and the doing business as name as filed with the Arkansas Secretary of State consistent throughout the paperwork. If the legal or doing business as name has an "and" or an "&" in either name this should be consistent throughout. "Please do not use abbreviations when completing the paperwork; abbreviations are permissible in the legal entity name or the doing business name **IF** the abbreviations are actually part of the name."

The completed, notarized license renewal application, including all attachments and a separate fee submission for each application must be sent by the following procedures:

### ***(Postmarked on or before March 1, 2015 for each situation)***

If mailed, mail to:

DEPARTMENT OF HUMAN SERVICES  
OFFICE OF FINANCE AND ADMINISTRATION  
LONG TERM CARE-SLOT WG2  
PO BOX 8181  
LITTLE ROCK, AR 72203-8181

If sent Federal Express, send to:

DHS-CASH RECEIPTS  
112 WEST 8<sup>th</sup>  
DONAGHEY PLAZA SOUTH  
LITTLE ROCK, AR 72201

If HAND DELIVERED by March 1: You must come to 700 Main in Little Rock to the Donaghey Plaza South Building, show identification, and surrender your driver's license to obtain a visitor's pass.

Facilities operated by the State must send the completed, notarized application and attachments to:

Office of Long Term Care - Slot S404  
Nursing Facility Licensure Section  
P. O. Box 8059  
Little Rock, AR 72203-8059

If you have questions or need the required forms faxed to you, please contact Audrey Nelson at (501) 320-6273 or Sophie Fraser at (501) 320-6194.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

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